SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X	
1. Article Addressed to: DAVID KINGSTON 3212 S STATE ST	If YES, enter delivery address below:	
SALT LAKE CITY UT 84115	3. Service Type ☐ Certified Mail ☐ Registered ☐ Insured Mail ☐ C.O.D.	
PB 12/21/2010 S0150052	4. Restricted Delivery? (Extra Fee) ☐ Yes	
	FO 0005 0545 947	
PS Form 3811, August 2001 Domestic Re	eturn Receipt 102595-01-M-2509	

- (- omestic mail C	D MAIL R	te Coverage Provided)
Postage Certified Fee Return Reciept Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage		Escalation
Street, Apt. No. 3212 S	O KINGSTON S STATE ST LAKE CITY UT	84115

5/015/0052 Read n-30-09